

INTERNATIONAL FELLOW (IF) SPONSOR APPLICATION

DATA REQUIRED BY THE PRIVACY ACT OF 1974

PRESCRIBING DIRECTIVE: AR 12-15

PRINCIPAL PURPOSE: To obtain personal data on U.S. personnel who volunteer to sponsor International Fellows (IFs) during their attendance to the U.S. Army War College.

ROUTINE USE: For selection, identification, and reporting of IF's sponsor. Additionally, if you grant permission (see below), the International Fellows Program (IFP) develops a roster of IF, Barracks, and Community sponsors for coordination and notification of various international activities.

DISCLOSURE AND EFFECT: VOLUNTARY. Failure to provide data precludes you from participating in the Sponsorship Program.

Personal Data:

Name: Last: _____

First Name & MI: _____

Rank (if applicable) _____

Organization or Place of Employment (military or civilian):

Office phone: _____

Status (check one):

- ☐ Assigned to AWC as staff and faculty
- ☐ Employed on CBKS other than the AWC
- ☐ Employed outside of CBKS (No official association with CBKS)
- ☐ Retired Military

Projected PCS/ETS/Retirement/Departing Area (if applicable):

(MM/DD/YYYY) _____

(Please note you must be assigned or remaining in the Carlisle area for the entire academic year to be eligible to sponsor.)

Street: _____

City: _____ State: _____

Zip Code: _____

Phone: _____

Email Address: _____

Marital Status: (Please Check One)

- ☐ Married
- ☐ Single

Spouse's Name: _____

Sex and Age of Each Child (Example: M6, F2, Infant):

Previous Sponsorship:

Overseas Tours or Assignments:

Other Special Skills or Experiences:

Languages Spoken (Applicant/Spouse/Children):

Military or Civilian Occupational Specialty: _____

Sponsorship Preference:

I desire to sponsor an IF who is: (Please Check One)

- ☐ Accompanied by family
- ☐ Unaccompanied
- ☐ No preference

I desire to sponsor an IF from the following countries or regions of the world. (Please select a minimum of three.)

1. _____
2. _____
3. _____
4. _____

Will you sponsor an IF who is from a country not listed above? (Please select "yes" if you desire to sponsor even if we cannot match one of your countries selected above.)
Yes / No

Do you consent to release your rank, name, office and home addresses and phone numbers, and spouse's name to the IF and his other sponsors (Carlisle Barracks Sponsor, Carlisle Community Sponsor, Seminar Sponsor)? (A negative response will preclude you from participation in the program.) Yes / No

Comments:

Signature: Submitted by: _____

Date: _____